

## Section A: National Data System Coding (i.e., PCS)

Transaction Code		NPDES										yr/mo/day				Inspection Type		Inspector		Fac Type													
1	N			I	D	0	0	0	0	1	7	5	1	4	1	0	0	7	@		R												
Remarks																																	
21																																	
Inspection Work Days		Facility Self-Monitoring Evaluation Rating										BI		QA		Reserved																	
67	1	0	69									70	4		71	N		72	N		73			74			75						80

Name and Location of Facility Inspected <i>(For industrial users discharging to POTW, also include POTW name and NPDES permit number)</i>  Hecla Ltd. Lucky Friday Mine and Mill 397 Friday Avenue Mullan, Idaho 83846	Entry Time/Date  8:15 am/10-7-2014	Permit Effective Date  12/1/2006
	Exit Time/Date  12:30 pm/10-7-2014	Permit Expiration Date  9/14/2008
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)  Bradley Kucera Environmental Manager 208-744-1751 x2349	Other Facility Data <i>(e.g., SIC NAICS, and other descriptive information)</i>  NAICS 21222 Metal Ore Mining	
Name, Address of Responsible Official/Title/Phone and Fax Number  Clayr Alexander General Manager 208-744-1751 x. 2304	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<input type="checkbox"/>	Permit	<input type="checkbox"/>	Self-Monitoring Program	<input type="checkbox"/>	Pretreatment	<input type="checkbox"/>	MS4
<input type="checkbox"/>	<b>Records/Reports</b>	<input type="checkbox"/>	Compliance Schedules	<input type="checkbox"/>	Pollution Prevention		
<input checked="" type="checkbox"/>	Facility Site Review	<input type="checkbox"/>	Laboratory	<input type="checkbox"/>	Storm Water		
<input type="checkbox"/>	Effluent/Receiving Waters	<input type="checkbox"/>	Operations & Maintenance	<input type="checkbox"/>	Combined Sewer Overflow		
<input type="checkbox"/>	Flow Measurement	<input type="checkbox"/>	Sludge Handling/Disposal	<input type="checkbox"/>	Sanitary Sewer Overflow		

*(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)*

EPA Form 3560-3 (Rev 1-06) Previous editions are obsolete.

# INSTRUCTIONS

## Section A: National Data System Coding (i.e., PCS)

**Column 1: Transaction Code:** Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

**Columns 3-11: NPDES Permit No.** Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc.. (Use the Remarks columns to record the State permit number, if necessary.)

**Columns 12-17: Inspection Date.** Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

**Column 18: Inspection Type\*.** Use one of the codes listed below to describe the type of inspection:

A	Performance Audit	U	IU Inspection with Pretreatment Audit	!	Pretreatment Compliance (Oversight)
B	Compliance Biomonitoring	X	Toxics Inspection	@	Follow-up (enforcement)
C	Compliance Evaluation (non-sampling)	Z	Sludge - Biosolids	{	Storm Water-Construction-Sampling
D	Diagnostic	#	Combined Sewer Overflow-Sampling	}	Storm Water-Construction-Non-Sampling
F	Pretreatment (Follow-up)	\$	Combined Sewer Overflow-Non-Sampling	:	Storm Water-Non-Construction-Sampling
G	Pretreatment (Audit)	+	Sanitary Sewer Overflow-Sampling	~	Storm Water-Non-Construction-Non-Sampling
I	Industrial User (IU) Inspection	&	Sanitary Sewer Overflow-Non-Sampling	<	Storm Water-MS4-Sampling
J	Complaints	\	CAFO-Sampling	-	Storm Water-MS4-Non-Sampling
M	Multimedia	=	CAFO-Non-Sampling	>	Storm Water-MS4-Audit
N	Spill	2	IU Sampling Inspection		
O	Compliance Evaluation (Oversight)	3	IU Non-Sampling Inspection		
P	Pretreatment Compliance Inspection	4	IU Toxics Inspection		
R	Reconnaissance	5	IU Sampling Inspection with Pretreatment		
S	Compliance Sampling	6	IU Non-Sampling Inspection with Pretreatment		
		7	IU Toxics with Pretreatment		

**Column 19: Inspector Code.** Use one of the codes listed below to describe the *lead agency* in the inspection.

A — State (Contractor)	O — Other Inspectors, Federal/EPA (Specify in Remarks columns)
B — EPA (Contractor)	P — Other Inspectors, State (Specify in Remarks columns)
E — Corps of Engineers	R — EPA Regional Inspector
J — Joint EPA/State Inspectors—EPA Lead	S — State Inspector
L — Local Health Department (State)	T — Joint State/EPA Inspectors—State lead
N — NEIC Inspectors	

**Column 20: Facility Type.** Use one of the codes below to describe the facility.

- 1 — Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2 — Industrial. Other than municipal, agricultural, and Federal facilities.
- 3 — Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
- 4 — Federal. Facilities identified as Federal by the EPA Regional Office.
- 5 — Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

**Columns 21-66: Remarks.** These columns are reserved for remarks at the discretion of the Region.

**Columns 67-69: Inspection Work Days.** Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

**Column 70: Facility Evaluation Rating.** Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

**Column 71: Biomonitoring Information.** Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

**Column 72: Quality Assurance Data Inspection.** Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

**Columns 73-80:** These columns are reserved for regionally defined information.

## Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

## Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection.

## Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

\*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.

## FY 2014 INSPECTION CONCLUSION DATA SHEET (ICDS)

EPA Region 10

### CWA NPDES

ICDS data is required to be reported for all on-site compliance inspections conducted by EPA inspectors, Senior Environmental Employees, or EPA contractors. States and tribes are not required to report ICDS data even if using EPA credentials. In addition to the 'core' compliance monitoring data, additional information is required if the inspection has a 'NPDES Special Regulatory Program' component. This form requires the inspector to provide the requested information by entering data in a text box, or checking the applicable box in a multi-select pick list. **DO NOT MODIFY FORM**

**Compliance Activity Type:** Inspection/Evaluation

**1. EPA Lead Inspector:**

<b>First &amp; Last Name:</b>	Eva DeMaria
<b>Phone #:</b> (include area code)	206-553-1970

**2. Compliance Monitoring Dates:** (mm/dd/yyyy of inspection)

<b>Actual Start Date:</b>	10/07/2014
<b>Actual End Date:</b>	10/07/2014

**3. Compliance Monitoring Activity Name:**

This is a descriptive name to help identify the compliance monitoring activity (e.g., *Castle Peak Construction LLC – Hidden River Estates construction site*).

Hecla Ltd. – Lucky Friday Mine and Mill
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**4. On-Site Facility Representative?** (Check No or Yes)

<input type="checkbox"/>	<b>No</b> → If checked, proceed to ICDS line 5										
<input checked="" type="checkbox"/>	<b>Yes</b> → If checked, provide the following information then proceed to ICDS line 5										
	<table border="1"> <tr> <td><b>Facility Representative:</b> (first &amp; last name)</td> <td>Bradley Kucera</td> </tr> <tr> <td><b>Individual's Title:</b></td> <td>Environmental Manager</td> </tr> <tr> <td><b>Organization:</b></td> <td>Hecla Ltd.</td> </tr> <tr> <td><b>Phone #:</b> (include area code)</td> <td>208-744-1751 x2349</td> </tr> <tr> <td><b>Email:</b></td> <td>bkucera@hecla-mining.com</td> </tr> </table>	<b>Facility Representative:</b> (first & last name)	Bradley Kucera	<b>Individual's Title:</b>	Environmental Manager	<b>Organization:</b>	Hecla Ltd.	<b>Phone #:</b> (include area code)	208-744-1751 x2349	<b>Email:</b>	bkucera@hecla-mining.com
<b>Facility Representative:</b> (first & last name)	Bradley Kucera										
<b>Individual's Title:</b>	Environmental Manager										
<b>Organization:</b>	Hecla Ltd.										
<b>Phone #:</b> (include area code)	208-744-1751 x2349										
<b>Email:</b>	bkucera@hecla-mining.com										

**5. Linked Facility:**

**A. Media-Specific Programmatic ID:** For CWA NPDES facilities, this is the assigned 9-digit alphanumeric number (e.g., *NPDES IDR10BD47*). ONE & only one Programmatic ID must be linked to the Inspection. (Enter assigned NPDES #)

NPDES ID0000175
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**B. Facility Classification:** (Check ONE)

<input checked="" type="checkbox"/>	NPDES Major	<input type="checkbox"/>	NPDES Minor	<input type="checkbox"/>	NPDES Unpermitted
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**C. Facility Site Name & Physical Location:** Provide the public or commercial name of the facility & street address / detailed description of the site inspected (e.g., *Castle Peak Construction LLC – Hidden River Estates, 504 Larch St., Priest River ID 83856*).

Lucky Friday Mine and Mill 397 Friday Avenue Mullan, ID 83846
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**D. Facility Latitude & Longitude:** *(Decimal Degrees only)*

Latitude: (e.g., +46.3271)	47.470472
Longitude: (e.g., -119.1202)	-115.782147

**E. Is facility site within Tribal Land?** *(Check No or Yes)*

<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes → Enter Tribal Land Name in text box below:
	<input type="text"/>

**F. NAICS Codes:** CTRL+Click to follow this link-> [2012 NAICS Search](#)  
*(Enter all 6-digit NAICS codes corresponding to the site/facility in text box below)*

Primary NAICS: 212222	Other NAICS:
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**G. Facility Type of Ownership:** This information is specific to facility ownership; not inspection activity. *(Check only ONE)*

<input checked="" type="checkbox"/>	Corporation
<input type="checkbox"/>	Privately Owned
<input type="checkbox"/>	Individual
<input type="checkbox"/>	City Government
<input type="checkbox"/>	County Government
<input type="checkbox"/>	State Government
<input type="checkbox"/>	Tribal Government
<input type="checkbox"/>	School District
<input type="checkbox"/>	Municipal or Water District
<input type="checkbox"/>	Mixed Ownership (e.g., Public/Private)
<input type="checkbox"/>	GOCO (Government Owned/Contractor Operated)
<input type="checkbox"/>	Federal Facility → Enter Federal Agency Name in text box below:
	<input type="text"/>

**H. Small Business Indicator:** This flag indicates if the Facility meets the requirements of the EPA Small Business Policy. EPA's Small Business Compliance Policy defines a small business as "a person, corporation, partnership or other entity that employs 100 or fewer individuals (across all facilities and operations owned by the small business)." This policy further states that "The number of employees should be considered as full-time equivalents on an annual basis, including contract employees." The definition of a small municipality (in terms of a small business) is a local government serving 3,300 or fewer residents.  
*(Check No or Yes)*

<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes

**6. Federal Statute | Law Section | Program:**

This is the statute & section of the corresponding regulation associated with the inspection, & the program that is authorizing the Activity or being violated. *(Check only ONE)*

<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Base Program (Limits, Reporting, Schedule)
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Pretreatment
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Sludge/Biosolids
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Concentrated Animal Feeding Operations (CAFOs)
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Combined Sewer Overflows (CSO)
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Sanitary Sewer Overflows (SSO)
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: Construction
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: Non-Construction
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: MS4
<input checked="" type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Section 308 Information Requests

**7. Compliance Monitoring (CM) Action Reason:**

This is the description that identifies the purpose of a Compliance Monitoring Activity.

(You must check either Core Program or Agency Priority. If ONE of the Other CM Action Reasons applies, it should also be checked.)

<input type="checkbox"/>	<b>Core Program</b> → If checked, skip ICDS line 8 & proceed to ICDS line 9
<input type="checkbox"/>	<b>Agency Priority</b> → If checked, proceed to ICDS line 8 & identify the applicable FY 2014 OECA National Priority
<input type="checkbox"/>	Other - Citizen Complaint/Tip
<input type="checkbox"/>	Other - For Cause
<input type="checkbox"/>	Other - Random Inspection
<input type="checkbox"/>	Other - Result of Spill
<input checked="" type="checkbox"/>	Other - Selected Monitoring Action

### 8. FY 2014 OECA National Priority:

This is the description that identifies the national priority that prompted the initiation of the inspection. (If Agency Priority was checked in ICDS line 7, you must check ONE National Priority in table below)

<input type="checkbox"/>	2014 - Energy Extraction – Land Based Gas Extraction & Production
<input type="checkbox"/>	2014 - WW - CAFO
<input type="checkbox"/>	2014 - WW - CAFO Regional Initiative Areas
<input type="checkbox"/>	2014 - WW - CSOs < 50K service population
<input type="checkbox"/>	2014 - WW - CSOs ≥ 50K service population
<input type="checkbox"/>	2014 - WW - MS4s - Phase I
<input type="checkbox"/>	2014 - WW - MS4s - Phase II
<input type="checkbox"/>	2014 - WW - SSOs ≥ 10 mg/d and < 100 mg/d

### 9. 'Inspection Type' PCS Code Reported on EPA Form 3560-3 (Rev 1-06) in Section A – Column 18:

Only one of the available 'Inspection Type' PCS Codes can be used to describe the type of inspection conducted. The Inspection Type checked in this section should equate to Compliance Monitoring Type checked in ICDS line 10. (Check only ONE)

<input type="checkbox"/>	<b>A</b> Performance Audit Inspection	<input type="checkbox"/>	<b>\</b> CAFO (Sampling)	<input type="checkbox"/>	<b>F</b> Pretreatment (Follow-up)
<input type="checkbox"/>	<b>B</b> Compliance Biomonitoring	<input type="checkbox"/>	<b>=</b> CAFO (Non-Sampling)	<input type="checkbox"/>	<b>G</b> Pretreatment (Audit)
<input type="checkbox"/>	<b>C</b> Compliance Evaluation Inspection – Non-Sampling	<input type="checkbox"/>	<b>#</b> CSO (Sampling)	<input type="checkbox"/>	<b>I</b> Industrial User (IU) Inspection
<input type="checkbox"/>	<b>D</b> Diagnostic	<input type="checkbox"/>	<b>\$</b> CSO (Non-Sampling)	<input type="checkbox"/>	<b>P</b> Pretreatment Compliance Inspection
<input type="checkbox"/>	<b>J</b> Complaints	<input type="checkbox"/>	<b>+</b> SSO (Sampling)	<input type="checkbox"/>	<b>!</b> Pretreatment Compliance (Oversight)
<input type="checkbox"/>	<b>M</b> Multimedia Inspection	<input type="checkbox"/>	<b>&amp;</b> SSO (Non-Sampling)	<input type="checkbox"/>	<b>U</b> IU Inspection with Pretreatment Audit
<input type="checkbox"/>	<b>N</b> Spill	<input type="checkbox"/>	<b>{</b> Storm Water-Construction (Sampling)	<input type="checkbox"/>	<b>2</b> IU Sampling Inspection
<input type="checkbox"/>	<b>O</b> Compliance Evaluation (Oversight)	<input type="checkbox"/>	<b>}</b> Storm Water-Construction (Non-Sampling)	<input type="checkbox"/>	<b>3</b> IU Non-Sampling Inspection
<input type="checkbox"/>	<b>R</b> Reconnaissance Inspection	<input type="checkbox"/>	<b>:</b> Storm Water-Non-Construction (Sampling)	<input type="checkbox"/>	<b>4</b> IU Toxics Inspection
<input type="checkbox"/>	<b>S</b> Compliance Sampling Inspection	<input type="checkbox"/>	<b>~</b> Storm Water-Non-Construction (Non-Sampling)	<input type="checkbox"/>	<b>5</b> IU Sampling Inspection with Pretreatment
<input type="checkbox"/>	<b>X</b> Toxics Inspection	<input type="checkbox"/>	<b>&lt;</b> Storm Water-MS4 (Sampling)	<input type="checkbox"/>	<b>6</b> IU Non-Sampling Inspection with Pretreatment
<input type="checkbox"/>	<b>Z</b> Sludge – Biosolids	<input type="checkbox"/>	<b>-</b> Storm Water-MS4 (Non-Sampling)	<input type="checkbox"/>	<b>7</b> - IU Toxics with Pretreatment
<input checked="" type="checkbox"/>	<b>@</b> Follow-up (enforcement)	<input type="checkbox"/>	<b>&gt;</b> Storm Water-MS4 (Audit)	<input type="checkbox"/>	

### 10. Compliance Monitoring Type:

This is the description indicating the type of compliance monitoring activity conducted by a regulatory agency. The Compliance Monitoring Type checked in this section should equate to Inspection Type checked in ICDS line 9. (Check only ONE)

<b>Comprehensive Type Inspections</b> (designed to comprehensively determine compliance with the NPDES regulations & capture the most common & complete NPDES inspections)	<b>Alternative Type Inspections</b> (designed to capture less thorough, unique or unusual NPDES compliance monitoring activities)	<b>Industrial User (IU) Type Inspections</b> (apply only to the NPDES pretreatment program & designed to evaluate whether NPDES control authorities are meeting their responsibilities)
<input type="checkbox"/> Audit	<input type="checkbox"/> AFO Defined	<input type="checkbox"/> Audit (IU)
<input type="checkbox"/> Diagnostic	<input type="checkbox"/> AFO Designation	<input type="checkbox"/> Evaluation (IU)
<input type="checkbox"/> Evaluation	<input type="checkbox"/> Aerial Photography	<input type="checkbox"/> Sampling (IU)
<input type="checkbox"/> Plan Review	<input type="checkbox"/> Case Development	<input type="checkbox"/> Toxics (IU)
<input type="checkbox"/> Sampling	<input type="checkbox"/> Field Screening Sample	
<input type="checkbox"/> Schedule Evaluation	<input checked="" type="checkbox"/> Follow-up	
<input type="checkbox"/> Toxics	<input type="checkbox"/> Hyperspectral Imaging	
<input type="checkbox"/> Biomonitoring → If checked; you must also check a value in the following drop-down list	<input type="checkbox"/> Illegal Operators	
<b>Biomonitoring Compliance Monitoring Methods</b>	<input type="checkbox"/> Non-Compliance Rate	
<input type="checkbox"/> Discrete Acute	<input type="checkbox"/> Reconnaissance with Sampling	
<input type="checkbox"/> Discrete Chronic	<input type="checkbox"/> Reconnaissance without Sampling	
<input type="checkbox"/> Discrete Method	<input type="checkbox"/> Remote Sensing	
<input type="checkbox"/> Flow-Through Method	<input type="checkbox"/> Satellite Imaging	
<input type="checkbox"/> Flow-Through Acute	<input type="checkbox"/> Witness Response Drill	
<input type="checkbox"/> Flow-Through Chronic	<input type="checkbox"/> Oversight (Federal Oversight inspections conducted to ensure the integrity of a State's compliance monitoring program) → If checked, skip ICDS lines 17-23	

### 11. Compliance Monitoring Agency Type: (Check only ONE)

<input checked="" type="checkbox"/>	U.S. EPA
<input type="checkbox"/>	EPA Contractor
<input type="checkbox"/>	Other-EPA (i.e. Senior Environmental Employees (SEE), National Enforcement Investigations Center (NEIC))

### 12. Compliance Monitoring Agency Name: (This is the only selection for ICDS)

<input checked="" type="checkbox"/>	Environmental Protection Agency
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### 13. Was this a State, Federal or Joint (State/Federal) Inspection? (Check either State, Federal or Joint)

<input type="checkbox"/>	State Inspection → If State, proceed to ICDS line 14
<input checked="" type="checkbox"/>	Federal Inspection → If Federal, proceed to ICDS line 14
<input type="checkbox"/>	Joint (State/Federal) Inspection → If Joint, you must answer the following two questions

**1) If Joint, what was the purpose of the participation of the other party? (Check only ONE)**

<input type="checkbox"/>	True Joint Inspection with EPA & State	<input type="checkbox"/>	Training Purposes
<input type="checkbox"/>	Oversight Purposes	<input type="checkbox"/>	Assist the State

**2) Which Party had the lead (in the Joint inspection)? (Check State or EPA)**

<input type="checkbox"/>	State → If checked, you must answer the following question				
<p>If State, Local or Tribal lead, did EPA assist? (Check No or Yes)</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> </tr> </table>		<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
<input type="checkbox"/>	No				
<input type="checkbox"/>	Yes				
<input type="checkbox"/>	EPA				

**14. Media Monitored: (Check only ONE)**

<input type="checkbox"/>	Water (biosolids & other sludges)
<input checked="" type="checkbox"/>	Water (navigable/surface)
<input type="checkbox"/>	Water (sediment)
<input type="checkbox"/>	Water (stormwater)
<input type="checkbox"/>	Water (wastewater to POTW) → <i>Applies only to Industrial Users discharging to POTWs.</i> If checked, you must enter the applicable POTW Name & NPDES # in text box below:
<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**15. Compliance Monitoring Media Indicator: (Check if Multimedia inspection)**

<input type="checkbox"/>	Multimedia Indicator
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**16. Cross Media Indicator: Federal Facility Activity**

This is an indication that directly marks the inspection activity as involving Federal Facilities. (Check only ONE)

<input type="checkbox"/>	<b>Federal Facility</b> (traditional federal facility, military base, federal land or federal agency impacting private property)
<input checked="" type="checkbox"/>	<b>No Federal Facility Involvement</b> (no federal agency or federal property are involved)
<input type="checkbox"/>	<b>Non-Federal Party Impacting Federal Property</b> (activity involving contractors on federal property or spills migrating to federal property)

**17. Compliance Monitoring Action Outcome:**

This identifies the outcome of the inspection, if known at the time of activity. (Check only ONE)

<input checked="" type="checkbox"/>	Under Review
<input type="checkbox"/>	No Violation
<input type="checkbox"/>	Immediately Corrected
<input type="checkbox"/>	Not Immediately Corrected
<input type="checkbox"/>	No Compliance Monitoring (Access Denied)
<input type="checkbox"/>	No Compliance Monitoring (Facility Shut Down)

**18. Did you observe deficiencies (potential violations) during the on-site inspection? (Check No or Yes)**

<input checked="" type="checkbox"/>	<b>No</b> → If checked, skip to ICDS line 21
<input type="checkbox"/>	<b>Yes</b> → If checked, you must identify the Deficiencies observed in the table below then proceed to ICDS line 19

**Deficiencies observed (Check all applicable)**

<input type="checkbox"/>	Potential excess emission in violation of regulations
<input type="checkbox"/>	Potential failure to complete or submit a notification, report, certification, or manifest
<input type="checkbox"/>	Potential failure to follow a permit condition (s)
<input type="checkbox"/>	Potential failure to follow a required sample monitoring procedure or laboratory procedure

Potential failure to follow or develop a required management practice or procedure
Potential failure to identify and manage a regulated waste or pollutant in any media
Potential failure to maintain a record or failure to disclose a document
Potential failure to maintain/inspect/ repair meters, sensors, & recording equipment
Potential failure to obtain a permit, product approval, or certification
Potential failure to report regulated events such as spills, accidents, etc.
Potential incorrect use of material (pesticide, waste, product) or use of unapproved material
Potential violation of a compliance schedule in an enforceable order

19. If you observed deficiencies, did you communicate the deficiencies to the Facility *during* the inspection? (Check No or Yes)

<input type="checkbox"/>	No → If checked, skip to ICDS line 21
<input type="checkbox"/>	Yes → If checked, proceed to ICDS line 20

20. Did you observe the Facility take any actions *during* the inspection to address the deficiencies noted? (Check No or Yes)

<input type="checkbox"/>	No → If checked, proceed to ICDS line 21
<input type="checkbox"/>	Yes → If checked, you must identify Actions taken in table below then proceed to ICDS line 21

Action(s) taken (Check only actions observed/ seen)

Completed a Notification or Report
Corrected Monitoring Deficiencies
Corrected Record Keeping Deficiencies
Implemented New or Improved Management Practices or Procedures
Improved Pollutant Identification (e.g., Labeling, Manifesting, Storage, etc)
Requested a Permit Application or Applied for a Permit
Verified Compliance with Previously Issued Enforcement Action – Part or All Conditions
Reduced Pollution (e.g., Use Reduction, Industrial Process Change, Emissions or Discharge Change, etc).
→ If Reduced Pollution is checked, you must specify at least one Pollutant in the table below. See <a href="#">ICIS Pollutant Reference Table</a> for complete list of available values. The document is available on EPA R10's OCE Intranet site.

21. Did you provide *general* Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance *during* inspections? (Check No or Yes)

<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes

22. Did you provide *site-specific* Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance *during* the inspections? (Check No or Yes)

<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes




**23. Is the inspection/evaluation related to a NPDES Special Regulatory Program? (Check No or Yes)**

<input checked="" type="checkbox"/>	<b>No</b> → If checked, skip Attachments A-F
<input type="checkbox"/>	<b>Yes</b> → If checked, you must identify the NPDES Special Regulatory Program. (Check applicable Program in table below, then proceed to Attachment indicated)
<input type="checkbox"/>	Pretreatment → Proceed to ICDS Attachment <u>A</u>
<input type="checkbox"/>	Sanitary Sewer Overflow (SSO) → Proceed to ICDS Attachment <u>B</u>
<input type="checkbox"/>	Combined Sewer Overflow (CSO) → Proceed to ICDS Attachment <u>C</u>
<input type="checkbox"/>	Concentrated Animal Feeding Operations (CAFOs) → Proceed to ICDS Attachment <u>D</u>
<input type="checkbox"/>	Storm Water (Non-Municipal) → Proceed to ICDS Attachment <u>E</u>
<input type="checkbox"/>	Storm Water (Municipal) → Proceed to ICDS Attachment <u>F</u>

**Data Collection Process:**

- Inspector is responsible for collection of ICDS data during the on-site inspection.
- Inspector should complete the ICDS *during* or *immediately after* the inspection is conducted.
- Inspector should forward completed ICDS to first-line supervisor/designated alternate within five (5) days after returning from either a single inspection, or a series of inspections.
- The first-line supervisor/designated alternate should ensure ICDS data is collected & reported, and that the data is complete and accurate. Once the supervisor review is complete, the ICDS should be forwarded to the data entry person. For **CWA inspections**, forward the ICDS to the attention of Jeannine Brown by any of the following methods: Mail to U.S. EPA Region 10, 1200 6<sup>th</sup> Avenue, Suite 900, Mailstop OCE-184, Seattle, WA 98101; or email to [Brown.Jeannine@epa.gov](mailto:Brown.Jeannine@epa.gov).

ICDS Sign Off	Name	Date Completed
ICDS Completed By Inspector	Eva DeMaria 	10/10/2014
ICDS Review Completed By First-line Supervisor/ Designated Alternate		
ICDS Data Entry Completed By CWA Data Manager	Jeannine Brown	



**Hecla Ltd. Lucky Friday Mine**  
**Groundwater sampling observations**  
**October 7, 2014**  
**Arrival 8:15 am**  
**Departure 12:30 pm**

Hydrogeologist Rene Fuentes and I visited the Lucky Friday Mine on Tuesday, October 7, 2014 to observe the first round of groundwater sampling of the seven wells installed to determine if Tailings Pond 3 is seeping pollutants into the South Fork Coeur d'Alene River. We met Environmental Manager Bradley Kucera at his trailer at 8:15 am whereupon I showed him my inspector credentials. Formation Environmental was hired to do a large part of the hydrogeological study, including development of the workplan, overseeing drilling, and sampling. Surface water sampling at five sites within the SFCR was conducted the day before as part of Lucky Friday's own efforts to determine potential impacts to the River. First sampling was conducted at Well 1, located just east of TP3 and near where the SFCR is diverted around TP3. This well would be considered representative of background levels. Formation staff purged the well for approximately 30 minutes to ensure the tubing was cleansed of any residual acid wash (pH was monitored periodically at this time). The first sample taken was the ultra-clean mercury sampling using the clean hands/dirty hands method. Face masks were donned and hands were double-gloved. Field parameters and TR and dissolved metals samples were also taken. Rene and I also walked around TP3. We observed that there was evidence of track-walk within the dry pond surface (see Photo 1), indicating that it was possible to have heavy equipment on the pond surface, if necessary. We noticed that Willow Creek was flowing strongly down its natural drainage before being diverted around TP3 and into Beaver Pond.

Well 2 was the next sampling site, located on the east side of TP3 and west of Beaver Pond on TP3's access road (Photo 2). The same procedures were used, turbidity was measured at less than 1 NTU. We then proceeded to Well 6, located in the field west of TP3 WWTP and south of Fish Pond. While Formation was purging the well, Rene and I decided to visit the other well sites near Fish Pond. Between Wells 4 and 7 we observed some rust colored sediment/rocks along the nearside bank of the SFCR (Photo 3). A solvent-like smell was also noticed that wafted in and out of our senses as we walked along the SFCR back to the WWTP. Closer to Fish Pond and WWTP, the smell disappeared. Lucky Friday allows public access to the Fish Pond and trash (beer cans, bottles, wrappers) was observed scattered throughout. Mr. Kucera stated that they often have to clean the area of trash. He too noticed the solvent-like smell but did not know what or where it could come from. It was postulated that someone might have dumped some waste in the area rather than properly disposing of it.

Next up was Well 4 (Photo 4). Purge water was extremely clear (Photo 5). Since sampling appeared to be going well and the Formation staff seemed extremely knowledgeable we decided to depart early.

*Ma Shania*

Inspector Name

*10/10/2014*

Report Completion Date



Photo 1: Evidence of track-walking on the surface of TP3.



Photo 2: Sampling TR and dissolved metals at Well 2.





Photo 3: Rust colored sediment observed on near (north) side of SFCR between Wells 4 and 7, downgradient from the Fish Pond.



Photo 4: Purging Well 4.



Photo 5: Well 4 purge water clarity.